

## Pain Management – Skeletal Muscle Relaxants

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DD</b> – Drug-Drug Interaction	<b>MD</b> – Maximum Dose Limit	<b>TD</b> - Therapeutic Duplication
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PR</b> – Enrollment in a Physician-Supervised Program Required	<b>UN</b> – Drug Use Not Warranted
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DT</b> – Duration of Therapy Limit	<b>PU</b> – Prior Use of Other Medication is Required	<b>X</b> – Prescriber Must Have ‘X’ DEA Number
<b>CL</b> – Additional Clinical Information is Required	<b>DX</b> – Diagnosis Code Requirement	<b>QL</b> – Quantity Limit	<b>YQ</b> – Yearly Quantity Limit
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>ER</b> – Early Refill	<b>RX</b> – Specific Prescription Requirement	

#### Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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### POS Edits

**AL** – Carisoprodol / aspirin / codeine combination products are limited to use in recipients who are at least 12 years of age.

<p><b>QL</b> – Some skeletal muscle relaxants have quantity limits as listed in the chart to the right.</p> <p><i>Requests to override the Quantity Limit should follow <a href="#">THIS CRITERIA</a>.</i></p>	Medication	Quantity Limit per 30 days
	Baclofen 10mg	120 Units
	Baclofen 20mg	120 Units
	Cyclobenzaprine 5mg	90 Units
	Cyclobenzaprine 7.5mg	90 Units
	Cyclobenzaprine 10mg	90 Units
	Cyclobenzaprine 15mg	30 Units
	Cyclobenzaprine 30mg	30 Units
	Tizanidine 2mg	90 Units
	Tizanidine 4mg	90 Units
	Tizanidine 6mg	180 Units
	Carisoprodol-containing products have a quantity limit of 90 tablets per rolling 90 days. The quantity limit applies to all strengths and combinations of carisoprodol.	

Revision / Date	Implementation Date
Created POS Document	February 2020
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Added age limit for codeine-containing products and quantity limits for selected products / December 2020	April 2021